REGISTRATION FORM

One form can be used for all family members that live in the same household.

Participant's Last Name			Firet Name								
	First Name:										
Parent's Last Name (ii par	: First Name:										
Mailing Address:	City/State/Zip:										
E-Mail:				T-Shirt Size:	YS(6-8)	YM (10-12)	YL (14-16)	AS	AM	AL	AXL
Home Phone:			_ Business Phone:			Cell Phone:					
Emergency Contact (other than parent):			Relationship:			Telephone:					
Please list any special need	ds which	n will requ	ire accommod	ation for par	cicipatio	on:					
Please list any allergies (fo	od, inse	ct, plant, o	r medications):							
PARTICIPANT NAME	SEX M/F	DOB M/D/Y	ENTERING GRADE	REGISTRATION NUMBER			ROGRAM NAME	1		CLASS FEE	
									\perp		
									\perp		
Total Amount Due: 9									ле: \$		
PAYMENT METHOL [] Check (payable to Colche	ster Parks &	& Recreation)	[] Cas	_	-	edit Card					
[] Check here if you would like a receipt sent to you											
2017 registrations can be made as brochure. Participants may cont until they are full. We do our bespecial needs. With few except comply with the Americans with adults with special needs are encorograms. Staff members are recorded of everything possible to assist participating in a program, but a bility of a facility or wish to discut the Recreation Department and at that do not have the minimum meancelled. Registrants will be not receive a full refund. Refunds wi	inue to rest to accordions, our Disabilities couraged to eptive to you. If you re not suress programsk us aboumber of a field by market to rest.	gister for pronmodate those parks and fast Act. Children participate your needs as you are interest about the amount of the properties. Or against the amount of the properties of the propertie	ograms Where se with ing to a cilities for the ren and not will in our sustair not will steed in sideral accessiase call A. Ass Classes proper may be ties B. and will and er	e of Colchester eas, the undersignor under the ausient executive benefish to be liable fined thereby: herefore, in constion, the undersignors or administ some full resporting which may on Fully and forewood on present or fully and present o	ned has repices of the fit of the for any of the for any of the formal dependence of the formal	equested the use he Town of Co e undersigned: lamages arising an of the mutual ses hereby for the personal region any personactly or indirect e and discharge all claims, der	se of services, lchester, Verrand Wherea g from person l promises and themselves, the presentatives, al injury or a ly in the course the Town of mands, damage of the services of the transfer	equipmont, as, the Tonal injuded other heir heir heir heir from the following the foll	nd to engrown of cown of good arise, executange to larticipate ester, its ghts or a	gage in a Colches roperty nd valua utor, em nis/her j ing in re agents, action, o	activities ster does damage able con- ployers, personal c. activi- officials, or causes

gins, and are available up to 10 business days prior to the start of

the program. A \$6.00 administrative fee will be charged when

a refund is requested. By participating in the Town of Colches-

ter Recreation programs, participants may be photographed for

may be used for up to 10 years.

future publicity or recognition of events. By signing up for the Name of Participant: ___ programs you willingly signed a waiver that grants the Colchester Recreation Department permission to use your photograph Signature (of parent or guardian under 18):__ to promote their programs. Pictures taken in specific programs

any time after the execution hereof.

Date of Signature:_

resulting from or arising out of the above described activity. C. Agree that it is the intent

of the undersigned that this release and indemnity agreement shall be in full force & effect